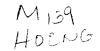


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWA!! STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
MIYASATO	MYLES	Υ.	(808) 969–6657
MAILING ADDRESS (Street)			FAX
1432 MIDDLE STRE	ET		(808) 969–3026
(City)	(State)	(Zip Code)	
HONOLULU	HI	96819	
EMPLOYING ORGANIZATION (Fill	in only if you are employed by a business entity which	has been retained to lobby)	TELEPHONE
HAHATT ODEDAMING	ENGINEEDG INDUGEDY GEARITE	MICON TINE	(000) 045 (001
HAWAII OPERATING	ENGINEERS INDUSTRY STABILIZA	ATION FUND	(808)845-6221
MAILING ADDRESS (Street)			FAX
1432 MIDDLE STRE	ET		(808)847-8048
(City)	(State)	(Zip	Code)
HONOLULU	HI	96	819

PART II ORGANIZATION		politica de la compansión	
PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
HAWAII OPERATING E	(808)845-6221		
MAILING ADDRESS (Street)	FAX		
1432 MIDDLE STREET		(808)847-8048	
(City)	(State)	(Zip Code)	
HONOLULU	HI	96819	
NAME OF PERSON RESPONSIBLE FO	R PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
JOHN SWEENEY		(510)433-4422	
MAILING ADDRESS (Street)		FAX	
1640 SOUTH LOOP RO	AD	(808)847-8048	
(City)	(State)	(Zip Code)	
ALAMEDA	CA	94502	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			

PART IV	CERTIFICATION OF L	.OBBYIST		
I hereb	y certify that the inform	ation furnished above is, to the be	st of my knowled	lge, correct and complete.
N 1 M 3-20-07		20-07		
7.	(Signa	ture of Lobbyist)		(Date) /
()	<u> </u>			
	AUTHORIZATION TO			
NAME		TITLE OF	AUTHORIZING OFF	ICER OR PERSON REPRESENTED
PER	Y O. ARTATES EXECUTIVE DIRECTOR		COR	
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
HAWAII OPERATING ENGINEERS INDUSTRY STABILIZATION FUND		ON FUND	(808)845-6221	
MAILING ADDRESS (Street)			FAX	
1432 MIDDLE STREET			(808)847-8048	
(City)		(State)	(Zip Code)	
пом	OI III II	11.7	0.66	21.6
	HONOLULU HI 96819			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
7	STA A	۸ 🔿	0	1/ 67
- $ -$			-16-01	
(Signature of Authorizing Officer or Person Represented) (Date)			(Date)	